2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056808

1. Entity Name

R. L. WILSON PLUMBING, INC.						
Principal Place of Business	Mailing Address	_				
PO BOX 3614 N FT MYERS FL 33918-3614	PO BOX 3614 N FT MYERS FL 33918-3614					
2. Principal Place of Business	3. Mailing Address					

FILED May 03, 2000 8:00 am Secretary of State 05-03-2000 90069 009 ***150.00

Principal Place	ee of Business	Mailing Address								
PO BOX 3614 N FT MYERS FL 33918-3614		PO BOX 3614 N FT MYERS FL 3391	PO BOX 3614 N FT MYERS FL 33918-3614			กบบปลุงปัช				
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		C	O NOT WRITE	IN THIS SP	ACE		
City & State		City & State			, FEI Number			TA:	oplied For	
City & State	e	City & State			6	5-0512219		No	ot Applicable	
Zip	Country	Zip	Country	5.	. Certificate of Stat	us Desired		8.75 Add ee Require		
	6. Name and Address of Curr	rent Registered Agent		7.	Name and Addre	ss of New Reg	istered Ag	ent		
		_	Name	_		٠.٠				
1625	RETT, LINDA 51 SLATER RD		Street	Address (P.O.	Box Number is No	t Acceptable)				
N FT	T MYERS FL 33918	•	City					Zip Cod		
							FL			
8. The above	e named entity submits this stateme	ent for the purpose of changing	ng its registered office o	or registered a			,	1		
	and de de de de	1 27/1				ムース・ナ	~ OC.	/		
SIGNATURE	Signature, typed or printed name of registered a	agent and little if applicable.	(NOTE: Registered Agent signa	ature required when		7_ 00 1	DATE			
9. This corpo	oration is eligible to satisfy its Intanç requirement and elects to do so.	gible FILE N	NOW!!! FEE IS \$150	.00 5550.00	n reinstating) 10. Election (Campaign Finand Contribution.	DATE		00 May Be	
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13. of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: